

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

23410

## 1. PLACE OF DEATH

County Buchanan.

Registration District No. 82

Township Washington.

Primary Registration District No. 5127

City St. Joseph.

(No. Stop 8 Savannah Interurban. St.                      Ward)                     

File No.                     

Registered No. 74

## 2. FULL NAME

Margaret McGinty.

(a) Residence, No. 2620 South 15th St.

St.                     

Ward.                     

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

ysr.

mos.

ds.

How long in U. S., if of foreign birth?

ysr.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 1, 1916.

7. AGE

YEARS

18

MONTHS

2

DAYS

20

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home.

10. Date deceased last worked at this occupation (month and year)

July 21, 1934.

11. Total time (years) spent in this occupation

6 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Paul, Minnesota.

MOTHER FATHER

13. NAME

Michael J. McGinty.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kilarney, Ireland.

15. MAIDEN NAME

Barbara Joyce.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kilarney, Ireland.

17. INFORMANT (ADDRESS)

Michael J. McGinty, 2620 South 15th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Olivet Cemetery DATE July 24, 1934

19. UNDERTAKER (ADDRESS)

H. O. Sidenfaden, 1802 Union St. St. Joseph Mo.

20. FILED

July 24, 1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

1934

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 21, 1934

22. I HEREBY CERTIFY, That I viewed deceased from

....., 19....., to....., 19.....

I last saw h. OT alive on....., 19..... Death is said

to have occurred on the date stated above, at. 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Concussion

Date of onset 1934

210M

217

Other contributory causes of importance:

Shock  
Auto accident

1934

Name of operation None Date of.....

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide. Rate of injury July 21, 1934

Where did injury occur? St. Joseph, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto accident

Nature of injury Cerebral concussion + shock

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Pebray Worley, M.D.

(Signed) acting coroner M. D.

(Address) 731 Farson St., St. Joseph, Mo.

Registrar.

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY

REPORT OF THE  
COMMISSIONER OF THE  
BUREAU OF CHEMISTRY  
FOR THE YEAR 1907

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY

REPORT OF THE  
COMMISSIONER OF THE  
BUREAU OF CHEMISTRY  
FOR THE YEAR 1907

#2 *Buchanan*

## DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

74

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Margaret M. Ginty  
Who died at \_\_\_\_\_ on July - 21 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex F Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 18 Months 2 Days 20

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Cerebral Concussion

Yes, she was riding in the rumble seat

seat of the car. (Dr. Mortimer Cowner)

Other contributory causes of importance: Shock - auto accident

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar J. J. Bunchek Date filed Sept 1 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 84

Very truly yours,

Primary Reg. Dist. No. 5127

E. T. McGaugh, M.D.

Special Agent.

S-23410